



UTILITY PATENT APPLICATION TRANSMITTAL

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	ADDRESS TO:	Attorney Docket No. MBHB00-399			
	Assistant Commissioner for Patents	First Named Inventor Edward F. Bachner, III			
	Box Patent Application Washington, D.C. 20231	Express Mail No. EL028731226US			
	,	Total Pages 51			
	APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS			
	 Transmittal Form with Fee Specification (including claims and abstract) [Total Pages 40] Drawings [Total Sheets 3] 	 Assignment Papers Power of Attorney English Translation Document (if applicable) Information Disclosure Statement (IDS) 			
View that there if it	4. Oath or Declaration [Total Pages 4] a. Newly executed b. Copy from prior application [Note Boxes 5 and 17 below] i. Deletion of Inventor(s) Signed statement attached deleting inventor(s)	☐ PTO-1449 Form ☐ Copies of IDS Citations 12. ☐ Preliminary Amendment 13. ☒ Return Receipt Postcard (Should be specifically itemized) 14. ☒ Small Entity Statement(s)			
W. H. G. W. Start H. H. Start Harr Start Start Start Start	5 D Incorporation by Reference: The entire	 ☑ Enclosed ☐ Statement filed in prior application; status still proper and desired 15. ☐ Certified Copy of Priority Document(s) 16. ☐ Other: 			
	6. Microfiche Computer Program 7. Nucleotide and/or Amino Acid Sequence Submission a. Computer Readable Copy b. Paper Copy c. Statement verifying above copies				
in f	17. This is a CONTINUING APPLICATION. Please note the following:				
	a. This is a Continuation Divisi of prior application	This is a Continuation Divisional Continuation-in-part of prior application			
	b. Cancel in this application original cla filing fee.	Cancel in this application original claimsof the prior application before calculating the filing fee.			
,		Amend the specification by inserting before the first line the sentence: This is a continuation divisional continuation-in-part of application Serial No.			
	d. The prior application is assigned of	record to			

UTILITY PATEN	T APPLICATION TO			ney Docket No.	MDUDU0-999
		APPL	ICATION FEES		3
BASIC FEE					\$ 690
CLAIMS	NUMBER		NUMBER EXTRA	RATE	
Total Claims	55	-20=		5 x \$18.0	
Independent Cla		- 3=		2 x \$78.0	
Multiple Dependent Claims(s) if applicable +\$270.00					
Total of above calculations =					
Reduction by 50% for filing by small entity = Assignment fee if applicable + \$40.00					
X Assignment to	ee ir applicable			TOTAL	
18. Please	sharaa my Danasit	Account No	o. 13-2490 in the amo		= \$ 778
 20. The Commissioner is hereby authorized to credit overpayments or charge any additional fees of the following types to Deposit Account No. 13-2490: a.					
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